DEPARTMENT	OF HEALTH AND HUMAN SERVICES
<b>HEALTHCARE</b>	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

	1. TRANSMITTAL NUMBER: 2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL (		
STATE PLAN MATERIAL	1 2 - 20 Michigan	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION:	
	TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH FINANCING ADMINISTRATION	November 1, 2012	
DEPARTMENT OF HUMAN SERVICES	14070111001 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
■ NEW STATE PLAN ■ AMENDMENT	TO BE CONSIDERED AS NEW PLAN AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN	AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447	a. FFY 2013 \$0	
O. DAOS AUGUSTO OF THE DIAM SECTION OF ATTAIN	b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		
Attachment 4.19-A, Page 36	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Page 20	N/A – New Pages	
10. SUBJECT OF AMENDMENT:		
Establishment of a Rural Access Pool.		
11. GOVERNOR'S REVIEW (Check One):		
•	M OTHER AS OREGINED	
GOVERNOR'S OFFICE REPORTED NO COMMENT		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	·	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMIT	TAL Medical Services Administration	
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Ateskan Fetten		
13. TYPED NAME:	Medical Services Administration	
Stephen Fitton	Actuarial Division	
	Capitol Commons Center - 7th Floor	
14. TITLE:	400 South Pine Street	
Director, Medical Services Administration	Lansing, Michigan 48933	
15. DATE SUBMITTED:		
December 10, 2012	Attn: Loni Hackney	
17. DATE RECEIVED:		
I DALE RECEIVED.	18 DATE APPROVED:	
PLAN APPROVED	D-ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL:	araseria;
21: TYPE NAME:	22. TITLE:	andre beginner
23. REMARKS:		

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State of MICHIGAN

Policy and Methods for Establishing Payment Rates (Other than Inpatient Hospital and Long Term Care Facilities)

#### **RURAL ACCESS POOL**

THE STATE WILL ESTABLISH A RURAL ACCESS POOL BEGINNING IN FY 2013 FOR HOSPITALS THAT PROVIDE MEDICAID SERVICES TO LOW INCOME RURAL RESIDENTS. TO BE ELIGIBLE FOR THIS POOL, HOSPITALS MUST BE CATEGORIZED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AS A SOLE COMMUNITY HOSPITAL, OR MEET BOTH OF THE FOLLOWING CRITERIA.

- A HOSPITAL MUST HAVE 50 OR FEWER STAFFED BEDS. THE STATE WILL CALCULATE STAFFED BEDS BY DIVIDING THE TOTAL HOSPITAL DAYS REPORTED BY THE HOSPITAL ON ITS MEDICAID COST REPORT WITH A FISCAL YEAR ENDING BETWEEN OCTOBER 1, 2010 AND SEPTEMBER 30, 2011, BY THE NUMBER OF DAYS COVERED IN THE COST REPORT: AND
- 2. A HOSPITAL MUST BE LOCATED IN A COUNTY WITH A POPULATION OF NOT MORE THAN 165,000 AND WITHIN A CITY, VILLAGE, OR TOWNSHIP WITH A POPULATION OF NOT MORE THAN 12,000. THE POPULATION THRESHOLD WILL BE MEASURED AGAINST POPULATION COUNTS FROM THE 2000 FEDERAL DECENNIAL CENSUS.

EACH HOSPITAL'S ALLOCATION FROM THIS POOL WILL BE CALCULATED AS THE UNREIMBURSED COST THE HOSPITAL INCURRED PROVIDING INPATIENT SERVICES TO MICHIGAN MEDICAID BENEFICIARIES DURING ITS COST PERIOD THAT ENDED DURING THE SECOND PREVIOUS FISCAL YEAR. FOR EXAMPLE, TO CALCULATE THE 2013 POOL, HOSPITAL COST REPORTS WITH FISCAL YEARS ENDING BETWEEN OCTOBER 1, 2010 AND SEPTEMBER 30, 2011 WILL BE USED. THE FOLLOWING GROSS MEDICAID PAYMENTS FROM THIS COST REPORT PERIOD WILL BE APPLIED AGAINST COST TO DETERMINE UNREIMBURSED COST: OPERATING, CAPITAL, GRADUATE MEDICAL EDUCATION, EXECUTIVE ORDER REDUCTIONS, AND MEDICAID ACCESS TO CARE INITIATIVE, OR ANY OTHER SUPPLEMENTAL PAYMENT.

IN THE AGGREGATE, THE STATE REIMBURSES HOSPITALS UP TO MAXIMUM ALLOWABLE UNDER THE FEDERAL UPPER PAYMENT LIMITS FOR INPATIENT SERVICES PROVIDED TO MEDICAID BENEFICIARIES. TO KEEP TOTAL MEDICAID FEE-FOR-SERVICE PAYMENTS TO HOSPITALS WITHIN THE FEDERAL UPPER PAYMENT LIMITS, THE STATE WILL REDUCE THE SIZE OF THE APPLICABLE YEAR'S MACI POOL PAYMENTS BY THE SIZE OF THE RURAL ACCESS POOL.

TN NO.: 12-XX	Approval Date:	Effective Date: 11/01/2012

Supersedes

TN No.: N/A - New Page

Payor Customer MDCH/ACTUARIAL DIVISION	Payor Account 0100001743	Payor Address ATTN: PATRICIA SMITH P.O. BOX 3		LANSING MI 48909-7979 USA.	Notes:
Customer MDCH/ACTUARIAL DIVISION	Customer Account 0100001743	Customer Address	30479	LANSING MI 48909-7979 USA	Customer EMail SmithP2@Michigan.gov
	Payor Phone 517-241-9444	Ad Type	Liner Ad Size	: 1.0 X 54 Li	Materials
Ordered By Patricia Smith	Order Number	Sales Rep	303Occhipinti Order Taker	303Occhipinti	Customer Phone 517-241-9444
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Comments

Establishment of a Modicaid Humi & Sox Community Hospital (SCH) Pool

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Tear Sheets	Affidavits	0
Pay't Method	80x#	
So.00	Amt Due	\$916.35
Total Amt. \$916.35	Net Amt.	\$916.35 \$916.35 0
Pick Up Ad # 0002284620	PO Number	

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PUBLIC NOTICE Michigan Department of Community Health Medical Services Administration Establishment of a Medicaid Rural & Sole Community Hospital (SCH) Pool Pursuant to Boilerplate Section 1866.

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Classification	0080-Legal Notices Bids Proposa 0080-Legal Notices Bids Proposa 0080-Legal Notices Bids Proposa
Placement	Bulletin Board Bulletin Board Bulletin Board
Products	DN:: FP:: Internet:

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11V IVU., 12"AA	Approval Date.	cilective Date: 11/01/2012

Supersedes

TN No.: N/A - New Page



RICK SNYDER GOVERNOR

# DEPARTMENT OF COMMUNITY HEALTH LANSING

OLGA DAZZO

August 16, 2012

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Rural & Sole Community Hospital Pool

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a State Plan Amendment.

The Michigan Department of Community Health (MDCH) is notifying you of its intent to submit a State Plan Amendment that will establish a Fiscal Year 2013 pool for hospitals that serve low-income rural residents pursuant to Boilerplate Section 1866 of Public Act 200 of 2012, the State Fiscal Year 2013 appropriation. It is estimated that this pool will total \$8,200,000. The change is effective October 1, 2012.

You may submit comments regarding this Notice of Intent to msapolicy@michigan.gov. If you would like to discuss the Notice of Intent, please contact Mary Anne Tribble, Medicaid Liaison to the Michigan Tribes. Mary Anne can be reached at (517) 241-7185 or via e-mail at tribblem1@michigan.gov.

There is no public hearing scheduled for this SPA.

Sincerely.

Stephen Fitton, Director

Medical Services Administration

cc: Leslie Campbell, Region V, CMS Pamela Carson, Region V, CMS

Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan

L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc. Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office Mary Anne Tribble, MDCH

# Distribution List for L 12-33 August 16, 2012

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community

Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)

Mr. Derek J. Bailey, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians

Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa

Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community

Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center

Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community

Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility

Mr. Alan Shively, Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians

Ms. Terry Fox, Health Director, Lac Vieux Desert Band

Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians

Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians

Mr. Dexter McNamara, Tribal Chairman, Little Traverse Bay Band of Odawa Indians

Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa

Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)

Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi

Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians

Mr. Jon Gardner, Health Director, Huron Potawatomi Inc.- Tribal Health Department

Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians

Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services

Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe

Ms. Gail George, Health Director, Nimkee Memorial Wellness Center

Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians

Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

## CC:

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Mary Anne Tribble, MDCH